



UPPER UWCHLAN TOWNSHIP
POLICE DEPARTMENT

BACKGROUND CHECK REQUEST

This form is to be completed by the requestor. If this form is not legible or not properly completed, it will not be processed. Before the issuance of any report, proof of identification must be provided. Those who are representatives of an organization shall provide proof of the organization they represent. All fees for records MUST be paid BEFORE the release of any reports.

"This records check is for this Department only. This does not exclude that records do not exist with other local, state, or federal law enforcement officials."

Date of Request: _____

Reason for Request: _____

PERSON TO BE CHECKED

Name: _____

Address: _____

Date of Birth: ____/____/____ SSN: _____

REQUESTOR INFORMATION — COPY OF ID MUST BE ATTACHED

Name: _____

Company: _____

Full Address: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Method of Release: ☐ Paper Copy ☐ U.S. Mail ☐ Fax ☐ Email

FOR POLICE DEPARTMENT USE ONLY

Date Rec'd			
Cost:	<input type="checkbox"/> \$10	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
Payment Rec'd By:		Receipt Issued:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Release Approved by:		Date:	
Released by:		Date:	
Date Scanned Into Alert:			
COMMENTS:	<input type="checkbox"/> No Record(s) Found <input type="checkbox"/> Record(s) Found. See Below		
Type of contact:			